

A P P E N D I X

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**Commissioners' voting
on recommendations**



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In the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000, the Congress required MedPAC to call for individual Commissioner votes on each recommendation and to document the voting record in its report. The information below satisfies that mandate.

Chapter 1: Context for Medicare payment policy

No recommendations

Chapter 2: Assessing payment adequacy and updating payments in fee-for-service Medicare

Section 2A: Hospital inpatient and outpatient services

2A-1 The Congress should increase payment rates for the acute inpatient and outpatient prospective payment systems in 2010 by the projected rate of increase in the hospital market basket index, concurrent with implementation of a quality incentive payment program.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Scanlon, Stuart

Absent: Milstein

2A-2 The Congress should reduce the indirect medical education adjustment in 2010 by 1 percentage point to 4.5 percent per 10 percent increment in the resident-to-bed ratio. The funds obtained by reducing the indirect medical education adjustment should be used to fund a quality incentive payment program.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Scanlon, Stuart

Absent: Milstein

Section 2B: Physician services and ambulatory surgical centers

2B-1 The Congress should update payments for physician services in 2010 by 1.1 percent.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Miller, Reischauer, Scanlon, Stuart

Absent: Kane, Milstein

2B-2 The Congress should establish a budget-neutral payment adjustment for primary care services billed under the physician fee schedule and furnished by primary-care-focused practitioners. Primary-care-focused practitioners are those whose specialty designation is defined as primary care and/or those whose pattern of claims meets a minimum threshold of furnishing primary care services. The Secretary would use rulemaking to establish criteria for determining a primary-care-focused practitioner.

Yes: Behroozi, Bertko, Butler, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Stuart

No: Borman, Scanlon

Not voting: Castellanos

Absent: Milstein

2B-3 The Congress should direct the Secretary to increase the equipment use standard for expensive imaging machines from 25 hours to 45 hours per week. This change should redistribute relative value units from expensive imaging to other physician services.

Yes: Behroozi, Bertko, Borman, Butler, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Stuart

Not voting: Castellanos, Scanlon

Absent: Milstein

2B-4 The Congress should increase payments for ambulatory surgical center (ASC) services in calendar year 2010 by 0.6 percent. In addition, the Congress should require ASCs to submit to the Secretary cost data and quality data that will allow for an effective evaluation of the adequacy of ASC payment rates.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Scanlon, Stuart

Absent: Milstein

Section 2C: Outpatient dialysis services

The Congress should maintain current law and update the composite rate in calendar year 2010 by 1 percent.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Reischauer, Scanlon, Stuart

No: Miller

Absent: Milstein

Section 2D: Skilled nursing facility services

The Congress should eliminate the update to payment rates for skilled nursing facility services for fiscal year 2010.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Scanlon, Stuart

Absent: Milstein

Section 2E: Home health services

2E-1 The Congress should eliminate the market basket increase for 2010 and advance the planned reductions for coding adjustments in 2011 to 2010, so that payments in 2010 are reduced by 5.5 percent from 2009 levels.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Scanlon, Stuart

Absent: Milstein

2E-2 The Congress should direct the Secretary to rebase rates for home health care services in 2011 to reflect the average cost of providing care.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Scanlon, Stuart

Absent: Milstein

2E-3 The Congress should direct the Secretary to assess payment measures that protect the quality of care and ensure incentives for the efficient delivery of home health care. The study should include alternative payment strategies such as blended payments and risk corridors and outcome-based quality incentives.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Scanlon, Stuart

Absent: Milstein

Section 2F: Inpatient rehabilitation facility services

The update to the payment rates for inpatient rehabilitation facility services should be eliminated for fiscal year 2010.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Scanlon, Stuart

Absent: Milstein

Section 2G: Long-term care hospital services

The Secretary should update payment rates for long-term care hospitals for fiscal year 2010 by the projected rate of increase in the rehabilitation, psychiatric, and long-term care hospital market basket index less the Commission's adjustment for productivity growth.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Scanlon, Stuart

Absent: Milstein

Chapter 3: The Medicare Advantage program

No recommendations

Chapter 4: A status report on Part D for 2009

No recommendations

Chapter 5: Public reporting of physicians' financial relationships

5-1 The Congress should require all manufacturers and distributors of drugs, biologicals, medical devices, and medical supplies (and their subsidiaries) to report to the Secretary their financial relationships with:

- physicians, physician groups, and other prescribers;
- pharmacies and pharmacists;
- health plans, pharmacy benefit managers, and their employees;
- hospitals and medical schools;
- organizations that sponsor continuing medical education;
- patient organizations; and
- professional organizations.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Milstein, Reischauer, Scanlon, Stuart

5-2 The Congress should direct the Secretary to post the information submitted by manufacturers on a public website in a format that is searchable by:

- manufacturer;
- recipient's name, location, and specialty (if applicable);
- type of payment;
- name of the related drug or device (if applicable); and
- year.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Milstein, Reischauer, Scanlon, Stuart

5-3 The Congress should require manufacturers and distributors of drugs to report to the Secretary the following information about drug samples:

- each recipient's name and business address;
- the name, dosage, and number of units of each sample; and
- the date of distribution.

The Secretary should make this information available through data use agreements.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Ebeler, Hackbarth, Hansen, Kane, Miller, Milstein, Reischauer, Scanlon, Stuart

No: Dean

5-4 The Congress should require all hospitals and other entities that bill Medicare for services to annually report the ownership share of each physician who directly or indirectly owns an interest in the entity (excluding publicly traded corporations). The Secretary should post this information on a searchable public website.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Milstein, Reischauer, Scanlon, Stuart

5-5 The Congress should require the Secretary to submit a report, based on the Disclosure of Financial Relationships Report, on the types and prevalence of financial arrangements between hospitals and physicians.

Yes: Behroozi, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Milstein, Reischauer, Scanlon, Stuart

Chapter 6: Reforming Medicare's hospice benefit

6-1 The Congress should direct the Secretary to change the Medicare payment system for hospice to:

- have relatively higher payments per day at the beginning of the episode and relatively lower payments per day as the length of the episode increases,
- include a relatively higher payment for the costs associated with patient death at the end of the episode, and
- implement the payment system changes in 2013, with a brief transitional period.

These payment system changes should be implemented in a budget-neutral manner in the first year.

Yes: Behroozi, Bertko, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Scanlon, Stuart

Absent: Borman, Milstein

6-2A The Congress should direct the Secretary to:

- require that a hospice physician or advanced practice nurse visit the patient to determine continued eligibility prior to the 180th-day recertification and each subsequent recertification and attest that such visits took place,
- require that certifications and recertifications include a brief narrative describing the clinical basis for the patient's prognosis, and
- require that all stays in excess of 180 days be medically reviewed for hospices for which stays exceeding 180 days make up 40 percent or more of their total cases.

Yes: Behroozi, Bertko, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Scanlon, Stuart

Absent: Borman, Milstein

6-2B The Secretary should direct the Office of Inspector General to investigate:

- the prevalence of financial relationships between hospices and long-term care facilities such as nursing facilities and assisted living facilities that may represent a conflict of interest and influence admissions to hospice,
- differences in patterns of nursing home referrals to hospice,
- the appropriateness of enrollment practices for hospices with unusual utilization patterns (e.g., high frequency of very long stays, very short stays, or enrollment of patients discharged from other hospices), and
- the appropriateness of hospice marketing materials and other admissions practices and potential correlations between length of stay and deficiencies in marketing or admissions practices.

Yes: Behroozi, Bertko, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Scanlon, Stuart

Absent: Borman, Milstein

6-3 The Secretary should collect additional data on hospice care and improve the quality of all data collected to facilitate the management of the hospice benefit. Additional data could be collected from claims as a condition of payment and from hospice cost reports.

Yes: Behroozi, Bertko, Butler, Castellanos, Chernew, Crosson, Dean, Ebeler, Hackbarth, Hansen, Kane, Miller, Reischauer, Scanlon, Stuart

Absent: Borman, Milstein